

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR **USE WITH FORM PTO-375**)

SERIAL NO.

10/526180

FILING DATE

APPLICA

CLAIMS

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
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| TOTAL CLAIMS | | | 16 | | | |

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